

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>AFTON HOUSING AUTHORITY</u> PHA Code: <u>OK119</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>7/2010</u>												
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>20</u> Number of HCV units: <u>0</u>												
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.												
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  <u>Goals and Objectives</u> Increase the availability of decent, safe, and affordable housing: Expand the supply of assisted housing: Reduce public housing vacancies; Leverage private or other public funds to create additional housing opportunities. Improve the quality of assisted housing: Improve PHAS score, increase customer satisfaction, concentrate on efforts to improve specific management functions, and renovate or modernize public housing units Improve community quality of life and economic vitality: Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments; Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments; and, Implement public housing security improvements Promote self-sufficiency and asset development of families and individuals: Promote self-sufficiency and asset development of assisted households: Increase the number and percentage of employed persons in assisted families; Provide or attract supportive services to improve assistance recipients' employability; Provide or attract supportive services to increase independence for the elderly or families with disabilities. Ensure Equal Opportunity in Housing for all Americans: Ensure Equal Opportunity and affirmatively further fair housing: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability; Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability; and, Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required  <u>Report on Progress:</u> <ul style="list-style-type: none"> <li>• Maintained 98-100% occupancy</li> <li>• Utilized Capital Fund Program for improvements to maintain dwelling units</li> <li>• Attended HUD offered training</li> <li>• Continued upgrade of technical systems</li> <li>• Increased financial stability</li> <li>• Improved PHAS score</li> <li>• Maintain policies of: Buy American Polity, Violence Against Women Policy, Section 3 Policy</li> </ul>												

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No revisions</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Copies of PHA Plans can be seen at Afton Housing Authority, 214 South East Ave., Afton, OK 74331</p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p>N/A</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>Form HUD-50075.1 is included in this submission</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>Form HUD-50075.2 is included in this submission</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>No current information is available on affordability, supply, quality, accessibility, size of units, and location according to the US Census CHAS except the same information that was reported in the year 2000.</p> <p>Afton Housing Authority as of December 31, 2009 has 11 people on the waiting list and is broken down as follows:</p> <ul style="list-style-type: none"> <li>1 White, disabled, low-income individual needing a 1-bedroom unit.</li> <li>3 White, elderly, low income needing 1-Bedroom units.</li> <li>1 White, low income needing 1-bedroom unit.</li> <li>4 White, low income needing 2-bedroom units.</li> <li>1 White, low income needing 3-Bedroom unit.</li> <li>1 White, low income needing 4-Bedroom unit.</li> </ul>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>Need: Shortage of affordable housing for all eligible populations</p> <p>Strategy: Employ effective maintenance and management policies to minimize the number of public housing units off-line, reduce turnover time for vacated public housing units, reduce time to renovate public housing units, and undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required.</p> <p>Influences: Funding and staffing constraints</p>

10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p><u>Report on Progress:</u></p> <ul style="list-style-type: none"> <li>• Answered in 5.2</li> </ul> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The Housing Authority of AFTON has defined "Substantial Deviation" and "Significant Amendment or Modification" as they relate to the Agency Plan as follows:</p> <p>"Substantial Deviation(s)" from the 5-year Action Plan shall be explained in the Annual Plan for the period in which they occur and shall include:</p> <ul style="list-style-type: none"> <li>• Any change to rent or admissions policies or organization of the waiting list;</li> <li>• Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement reserve funds under the Capital Fund;</li> <li>• Additions of new activities not included in the current PHA Plan; and,</li> <li>• Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul> <p>"Significant Amendment or Modification" of the Annual Plan means:</p> <ul style="list-style-type: none"> <li>• Any change to rent or admissions policies or organization of the waiting list;</li> <li>• Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement reserve funds under the Capital Fund;</li> <li>• Additions of new activities not included in the current PHA Plan; and,</li> <li>• Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul>

11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> <p>Item # a,b,c, and d will be signed and sent to the Oklahoma Field Office via US Mail along with a signed copy of Form HUD-50075.1 Original Annual Statement for OK56P11950110. Items f and g do not apply. Items h and i are included in this electronic submission.</p>
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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P11950110 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2010</b> FFY of Grant Approval:	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	2,890			
3	1408 Management Improvements	3,500			
4	1410 Administration (may not exceed 10% of line 20)	2,866			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	500			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	18,900			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
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<b>Part I: Summary</b>					
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P11950110 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2010</b> FFY of Grant Approval:	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	<b>28,656</b>			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>		<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Part II: Supporting Pages								
PHA Name: AFTON Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P11950110 CFFP (Yes/No): Replacement Housing Factor Grant No:			FFY of Grant: 2010 FFY of Grant Approval:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406 A3		2,890				
PHA Wide	Management Improvements to include new computer, fax, and printer	1408 A3		3,500				
PHA Wide	Administration	1410 A3		2,866				
PHA Wide	Fees and Costs	1435 A3		500				
OK119000001	Replace floor coverings	1460 C3	10 Units	6,900				
OK119000001	Replace exterior doors, front and back	1460 C3	29 doors	12,000				
				28,656				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

<b>PART I: SUMMARY</b>		<b>OK119</b>				
PHA Name/Number AFTON Housing Authority		Locality (City/County & State) AFTON, OK			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b>	<input type="checkbox"/> <b>Revision No:</b>
A.	Development Number and Name	Work Statement for Year 1 FFY _2010__	Work Statement for Year 2 FFY ____2011__	Work Statement for Year 3 FFY ____2012__	Work Statement for Year 4 FFY ____2013__	Work Statement for Year 5 FFY ____2014__
B.	Physical Improvements Subtotal	Annual Statement	24,000	24,000	24,000	24,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	ADMINISTRATION					
F.	Other					
G.	Operations		4,656	4,656	4,656	4,656
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		28,656	28,656	28,656	28,656



<b>Part II: Supporting Pages – Physical Needs Work Statement(s) AFTON Housing Authority OK119</b>						
Work Statement for Year 1 FFY __2010__	Work Statement for Year 2011 FFY __2011			Work Statement for Year: 2012 FFY __2012		
	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost
SEE	Replace screen doors 1460 C3	40 doors	15,000	Replace asphalt 1450 C1		24,000
ANNUAL	Add playground equipment 1475 C1		2,500	Parking area 10,825 sq ft		
Statement	Add gazebo and tables 1475 C1		2,500	Street area 22,400 sq ft		
	Replace stoves and refrigerators 1465 B3	5 each	4,000			
	Subtotal of Estimated Cost		\$24,000	Subtotal of Estimated Cost		\$24,000

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>				<b>AFTON Housing Authority OK119</b>		
Work Statement for Year 1 FFY __2010__	Work Statement for Year __2013__ FFY __2013__			Work Statement for Year: __2014__ FFY __2014__		
	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost
SEE	Replace main sewer line 1450 C3		10,000	Replace sidewalks to include curbs 8,260 sq ft 1450 C1		24,000
ANNUAL	Upgrade basketball court 1475 C3	1	10,000			
Statement	Replace stoves, refrig 1465 B3	5 each	4,000			
	Subtotal of Estimated Cost		\$24,000	Subtotal of Estimated Cost		\$24,000

<b>Part II: Supporting Pages – Management Needs Work Statement(s) AFTON Housing Authority OK119</b>						
Work Statement for Year 1 FFY __2010__	Work Statement for Year __2011__ FFY __2011__			Work Statement for Year: __2012__ FFY __2012__		
	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost
SEE	Operations 1406 A3		1,290	Operations 1406 A3		1,290
ANNUAL	Administration 1410 A3		2,866	Administration 1410 A3		2,866
Statement	Fees /Costs ER Review 1430 A9		500	Fees /Costs ER Review 1430 A9		500
	Subtotal of Estimated Cost		\$4,656	Subtotal of Estimated Cost		\$4,656

<b>Part II: Supporting Pages – Management Needs Work Statement(s)</b>				<b>AFTON Housing Authority OK119</b>		
Work Statement for Year 1 FFY _2010__	Work Statement for Year _2013_ FFY _2013			Work Statement for Year: _2014_ FFY __2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE	Operations 1406 A3		1,290	Operations 1406 A3		1,290
ANNUAL	Administration 1410 A3		2,866	Administration 1410 A3		2,866
Statement	Fees /Costs ER Review 1430 A9		500	Fees /Costs ER Review 1430 A9		500
	Subtotal of Estimated Cost		\$4,656	Subtotal of Estimated Cost		\$4,656

Annual Statement/Performance and Evaluation Report  
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 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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 OMB No. 2577-0226  
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<b>Part I: Summary</b>					
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P11950109 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2009</b> FFY of Grant Approval:	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>					
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/2009</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 20)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	28,656			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>					
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/2009</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	<b>28,656</b>			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	<b>20,000</b>			
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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<sup>2</sup>To be completed for the Performance and Evaluation Report.

[illegible]

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 Capital Fund Financing Program

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<b>Part I: Summary</b>					
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56S11950109 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2009 ARRA</b> FFY of Grant Approval:	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>					
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/2009</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 20)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	36,820		36,820	36,820
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>					
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56S11950109 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2009 ARRA</b> FFY of Grant Approval:	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>					
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/2009</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	<b>36,820</b>		<b>36,820</b>	<b>36,820</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	<b>36,820</b>		<b>36,820</b>	<b>36,820</b>
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56S11950109 CFFP (Yes/No): Replacement Housing Factor Grant No:				<b>FFY of Grant: 2009 ARRA</b> FFY of Grant Approval:		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
OK119000001	Replace dwelling unit roofs	1460 C3	20 Units	36,820		36,820	36,820	100%
	Supplemental roofing to CFP 2006 and 2007							
	Totals			36,820		36,820	36,820	100%

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

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<b>Part I: Summary</b>					
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P11950108 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2008</b> FFY of Grant Approval:	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>					
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/2009</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	707			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 20)	2,882			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	500			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	25,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>					
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P11950108 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2008</b> FFY of Grant Approval:	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>					
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/2009</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	<b>29,089</b>			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	<b>25,000</b>			
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

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<b>Part I: Summary</b>					
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P11950107 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2007</b> FFY of Grant Approval:	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/2009</b> <input checked="" type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	764	3,170	3,170	3,170
3	1408 Management Improvements	1,558	0		
4	1410 Administration (may not exceed 10% of line 20)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1,500	500	500	500
8	1440 Site Acquisition				
9	1450 Site Improvement	25,000	25,152	25,152	25,152
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>					
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P11950107 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2007</b> FFY of Grant Approval:	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/2009</b> <input checked="" type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	28,822	28,822	28,822	28,822
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P11950107 CFFP (Yes/No): Replacement Housing Factor Grant No:				<b>FFY of Grant: 2007</b> FFY of Grant Approval:		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406 A3	LS	764	3,170	3,170	3,170	100%
PHA Wide	Administration	1410 A3	LS	1,558	0			
PHA Wide	Fees/Costs	1430 A3	LS	1,500	500	500	500	100%
OK119000001	Replace HVAC Units	1460 C3	10 Units	25,000	18,634	18,634	18,634	100%
OK119000001	Replace roofing with new metal roof	1460 C3	**		6,518	6,518	6,518	100%
	** Used in conjunction with 2009 ARRA – 20 units total							
				28,822	28,822	28,822	28,822	100%

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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<b>Part I: Summary</b>					
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P11950106 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2006</b> FFY of Grant Approval:	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/2009</b> <input checked="" type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	500	7,828	7,828	7,828
3	1408 Management Improvements	1,686			
4	1410 Administration (may not exceed 10% of line 20)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,250			
8	1440 Site Acquisition				
9	1450 Site Improvement	2,000	1,516	1,516	1,516
10	1460 Dwelling Structures	19,404	18,496	18,496	18,496
11	1465.1 Dwelling Equipment—Nonexpendable	1,304	1,304	1,304	1,304
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>					
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P11950106 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2006</b> FFY of Grant Approval:	
<input type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/2009</b>		<input checked="" type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	<b>29,144</b>	<b>29,144</b>	<b>29,144</b>	<b>29,144</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures		<b>12,704</b>	<b>12,704</b>	<b>12,704</b>
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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<b>Part II: Supporting Pages</b>									
<b>PHA Name:</b> AFTON Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P11950106 CFFP (Yes/No): Replacement Housing Factor Grant No:				<b>FFY of Grant: 2006</b> FFY of Grant Approval:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
PHA Wide	Operations	1406 A3	LS		7,828	7,828	7,828	100%	
PHA Wide	Mgt training	1408 A3	LS	500					
PHA Wide	Administration	1410 A3	LS	1,686					
OK119000001	Fees/Costs	1430 A9	LS	4,250					
OK119000001	Remove and replace damaged sidewalks	1450 C3	310 sq ft	2,000	1,516	1,516	1,516	100%	
OK119000001	Replace parts of plumbing fixtures to include tubs and toilets	1460 C3	14	12,704					
OK119000001	Replace parts of HVAC	1460 C3	2	3,050					
OK119000001	Replace electric lights/devices	1460 C3	Various	3,650					
OK119000001	Replace ranges	1465.1 B3	4	1,304	1,304	1,304	1,304	100%	
OK119000001	Replace carpets	1460 B3	2		5,792	5,792	5,792	100%	
OK119000001	Replace roofing with new metal roofing	1460 C3	**		12,704	12,704	12,704	100%	
	** Used in conjunction with 2009 ARRA 20 units total.			29,144	29,144	29,144	29,144	100%	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended